



SUMMARY OF EVIDENCE

I IDENTIFICATION

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II ACTION CLAIMANT IS APPEALING

The claimant is appealing the termination of Long Term-Personal Care Services (LT-PCS) based on not meeting the *medical necessity* eligibility criteria, described below:

- Requires limited assistance with at least one or more activities of daily living. **(Exhibit A)**

Medicaid policy references used in the decision are from the:

- *Louisiana Administrative Code 50:XV.12905.B.1.*
(Exhibit A)

III EXPLANATION OF ACTION

Each person requesting LT-PCS is assessed using the Minimum Data Set-Home Care (MDS-HC) assessment tool. The MDS-HC is a scientifically validated and reliability tested, comprehensive and standardized instrument for evaluating the needs, strengths, and preferences of elderly and individuals with adult onset disabilities. The MDS-HC has been designed to be compatible with the congressionally mandated Resident Assessment Instrument (RAI), MDS used in nursing homes in the United States and several countries abroad. The RAI, MDS-HC consists of the Minimum Data Set for Home Care (MDS-

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HC) and the Client/Clinical Assessment Protocols (CAPs). The MDS-HC is designed to verify that an individual meets nursing facility level of care, and to identify a person's need for support in conducting activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

An in-home assessment was performed on **Mr. /Ms. Recipient's Name** by Office of Aging and Adult Services (OAAS) trained and certified Client Assessment Specialist, **Assessor's Name**, on **Date**. **(Exhibit B)** **Mr. /Ms Name** participated in the assessment and was involved in responding to questions asked during the MDS-HC assessment process. List other individuals who were present during this assessment and their relationship to the individual, and whether or not they participated in responding to any of the MDS-HC questions asked during the assessment process.

Section H.2. of the MDS-HC assessment performed on **Date** indicated that **Mr./Ms. Name** did not require at least limited assistance with one or more activities of daily living, an LT-PCS eligibility requirement for receipt of LT-PCS. **(Exhibit A & Exhibit B)**

Upon receipt of the Summary of Evidence (SOE) packet, OAAS designated staff conducted a thorough review of all documents included in the SOE packet. This review concluded that:

- Although **Mr. /Ms. Recipient's Name** met the nursing facility level of care eligibility requirements for LT-PCS, he/she did not meet the medical necessity eligibility criteria for receipt of LT-PCS as described below:
- *Requires limited assistance with at least one or more activities of daily living. (Exhibit A)*

A denial notice was sent to **Mr. /Ms Name** on **Date**. **(Exhibit C)**

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A request for appeal was subsequently received.

The position of OAAS is that the termination of prior authorization for LT-PCS is appropriate.

IV RELATED DOCUMENTS

Exhibit A: *Louisiana Administrative Code 50:XV.12905.B.1*
(2 pages)

Exhibit B: Minimum Data Set – Home Care Assessment
(X pages) Results dated Date, and reviewer's notes.

Exhibit C: LT-PCS Decision letter dated Date.
(X pages)

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